

HOW TO FILE A PETITION FOR DISCRIMINATION **(LABOR CODE 132a)**

This petition may be completed if your employer has discharged you or discriminated against you for filing a workers' compensation claim. This is called a Labor Code 132(a) petition.

Please note this petition must be filed within one (1) year of the discriminatory act or date of termination.

A 132(a) petition is filed only as a companion to a pending Workers' Compensation Appeals Board (WCAB) case. In order to open a WCAB case you must file an Application for Adjudication (see I&A Guide 10). When you are ready to have a WCAB hearing, you must also file a Declaration of Readiness to Proceed (see I&A Guide 07).

Employer discrimination can be very difficult to prove. Because of the technical nature of this petition you may need legal advice.

Please find attached a blank form that may be used to write out your petition. Also attached is a sample that may be used as a guide.

The original documents should be mailed or brought to the WCAB. Copies must be sent to your employer. It is recommended you use Proof of Service (see attached).

Keep a copy for your records.

If you need additional information, you may call an I&A Office. The local I&A phone numbers are listed on the back of this guide.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.

WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

ANAHEIM, 92801 1661 N. Raymond Avenue, Ste. 200 Information & Assistance Unit	(714) 738-4038	SALINAS, 93906 1880 North Main Street, 1st Floor Information & Assistance Unit	(408) 443-3058
BAKERSFIELD, 93309 1800 30th Street, Rm.100 Information & Assistance Unit	(661) 395-2514	SAN BERNARDINO, 92401-1888 464 West Third Street, Ste. 239 Information & Assistance Unit	(909) 383-4522
EUREKA, 95501-0421 100 "H" Street, Rm. 201 Information & Assistance Unit	(707) 441-5723	SAN DIEGO, 92101-3690 1350 Front Street, Ste. 3012 Information & Assistance Unit	(619) 525-4589
FRESNO, 93721-2280 2550 Mariposa Street, Rm. 4078 Information & Assistance Unit	(559) 445-5355	SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit	(415) 703-5020
GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit	(805) 968-4158	SAN JOSE, 95113 100 Paseo de San Antonio, Rm. 223 Information & Assistance Unit	(408) 277-1292
GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit	(805) 481-3296	SANTA ANA, 92701-4080 28 Civic Center Plaza, Ste. 451 Information & Assistance Unit	(714) 558-4597
LONG BEACH, 90802-4460 300 Oceangate Street, 3 rd Floor Information & Assistance Unit	(562) 590-5240	SANTA MONICA, 90405-5200 2701 Ocean Park Blvd., Std. 222 Information & Assistance Unit	(310) 452-1188
LOS ANGELES, 90013 340 West 4 th Street, 9 th Floor Information & Assistance Unit	(213) 576-7389	SANTA ROSA, 95404 50 "D" Street, Ste. 430 Information & Assistance Unit	(707) 576-2452
OAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit	(510) 622-2861	STOCKTON, 95202-2314 31 East Channel Street, Rm. 417 Information & Assistance Unit	(209) 948-7980
POMONA, 91766 435 W. Mission Blvd., Suite 300 Information & Assistance Unit	(909) 623-8568	VAN NUYS, 91401-3373 6150 Van Nuys Blvd., Rm 105 Information & Assistance Unit	(818) 901-5374
REDDING, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit	(530) 225-2047	VENTURA, 93003-6085 5810 Ralston Street, Rm. 115 Information & Assistance Unit	(805) 654-4701
RIVERSIDE, 92501 3737 Main Street, Ste. 300 Information & Assistance Unit	(909) 782-4347	WALNUT CREEK, 94598 175 Lennon Lane, Rm. 200 Information & Assistance Unit	(925) 977-8343
SACRAMENTO, 95825 2424 Arden Way, Ste. 230 Information & Assistance Unit	(916) 263-2741		

NAME
STREET
CITY, STATE, ZIP CODE

TELEPHONE #:

**STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD**

<i>your name</i>	Applicant,
vs.	
<i>your employer</i>	Defendants.

WCAB#:

*Application for discrimination
benefits pursuant to Labor Code
Section 132(a).*

*Explain in your own words why you feel
you are entitled to these benefits.*

X *your signature*

date mailed

NAME
STREET
CITY, STATE, ZIP CODE

TELEPHONE #:

**STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD**

vs.	Applicant,
	Defendants.

WCAB#:

APPLICATION FOR DISCRIMINATION
BENEFITS PURSUSANT TO LABOR CODE
SECTION 132(A)

Sample

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of your county California. I am over the age of eighteen years, my (business/residence) address is:

Put your home address here.

On today's date, I served the attached 132(a) Petition on the

your employer in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at

city where you mailed this addressed as follows

your employer's name and address here

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) today's date, at city California.

Type or print name print your name

Signature sign your name

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of _____ California. I am over the age of eighteen years, my (business/residence) address is:

On _____, I served the attached _____ on the _____ in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at

_____ addressed as follows _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) _____, at _____ California.

Type or print name _____

Signature _____